



प्लाज़्मा भौतिकी केंद्र-प्लाज़्मा अनुसंधान संस्थान
Centre of Plasma Physics-Institute for Plasma Research
सोनापुर-782402 असम, भारत /Sonapur-782402 Assam, India



Advt. No. 15/2022

Empanelment of AMO (Allopathic), Hospitals and Pharmacies.

Centre of Plasma Physics-Institute for Plasma Research (CPP-IPR) is an aided institute of Department of Atomic Energy, Govt. of India. CPP-IPR desires to empanel the following for its staff and their dependent members under Contributory Health Service Scheme (CHSS) as shown below: -

- 1) Authorized Medical Officers (AMO, Allopathic) for Sonapur area. Bachelors' Degree at first attempt in relevant discipline (MBBS) from recognized university. Should preferably have own consulting room/clinic with necessary facilities in the respective area. The doctor should be available for consultation for at least two hours in the morning and three hours in the evening from Monday to Saturday. Preference will be given to doctor giving part time/full time services on Sundays and in emergency situation.
- 2) Empanel Hospitals (Multispecialty /Single Specialty) at Guwahati area. The scheme has an approved Schedule of Rates for ward charges, treatment, procedures, radiological and pathological investigations etc. for treatment of various ailments. Hospitals will be required to accept these rates and provide direct billing (credit OPD, IPD) facility in the event of their taking up the assignments/empanelment under CHSS. Hospitals has to provide 10% discount on MRP in medicines/consumable for indoor patients.
- 3) Pharmacies at Sonapur area. The pharmacy/ Medicine store should have sufficient medicine in their stock. They need to provide the necessary medicine to the staff of CPP-IPR or their dependent under CHSS in a credit basis (direct bills may be sent to the office of the centre) on production of prescription from AMO or empaneled Specialist/consultant. For each purchase of medicines, the pharmacy has to provide at least 3% discount on the MRP of the medicines.

Interested Doctors, Hospitals and Pharmacies may download the application form from our web page <http://www.cppipr.res.in/> and send their applications in the prescribed format along with necessary documents to the Acting Centre Director, Centre of Plasma Physics-Institute for Plasma Research, Nazirakhat, Sonapur, Kamrup (Metro), Assam, Pin-782 402 within 21 days from the date of publication of this advertisement. The envelope containing the application should be super scribed with the '**Advt. No. 15/2022**'. The Acting Centre Director, CPP-IPR reserves the right to accept or reject any application without assigning any reason whatsoever.

Sd/- Acting Centre Director

प्लाज्मा भौतिकी केंद्र – प्लाज्मा अनुसंधान संस्थान
CENTRE OF PLASMA PHYSICS-INSTITUTE FOR PLASMA RESEARCH
Nazirakhat, Sonapur-782 402, Kamrup (M), Assam

विज्ञापन संख्या **ADVT. No.**
फार्मसी के पैनल के लिए आवेदन पत्र
APPLICATION FORM FOR EMPANELMENT OF PHARMACY

1	Name of Pharmacy	:	
2	Address of Pharmacy	:	
3	Phone No/Mobile No E-mail	:	
4	Registration No/License No. (Attested copy of the certificate should be attached)	:	
5	Total Years of Experience in the Relevant Field	:	
6	Details of service rendered on panel of any Govt./Semi Govt. Organisation/Institute	:	
7	Any other information you would like to provide	:	

दिनांक: **Date:**

स्थान: **Place:**

हस्ताक्षर और मुहर **Signature & Seal**

प्लाज्मा भौतिकी केंद्र - प्लाज्मा अनुसंधान संस्थान
CENTRE OF PLASMA PHYSICS-INSTITUTE FOR PLASMA RESEARCH
Nazirakhat, Sonapur-782 402, Kamrup (M), Assam

APPLICATION FOR THE POST OF VAMO/AMO

1.	Name of the Applicant			
2.	Gender	M <input type="checkbox"/>	F <input type="checkbox"/>	
3.	Date of birth & Age	(dd/mm/yy)	Age : ____ Years	
4.	Residence Address			Paste your Passport size Photograph here
	Address for correspondence (if different than residence address)			
5.	Telephone No. (Landline if applicable)	_____ (STD Code) _____		
	Cell No(s).	_____ _____		
	Email ID	_____		

Educational qualification (Only MBBS and onwards) (Please attach separate sheet wherever required)

Sr. No.	Qualification	Period		No. of attempt	Name of University	MCI Regn. No. & Date
		From	To			
1.	M.B.B.S.					
2.	Internship					
3.						
4.						

Experience/Medical practice (Please add separate sheet if required)

Clinic details, if held:

Name of the Clinic (if any) : _____

Location address of the Clinic: _____

Consultation hours _____

Clinic Contact No. _____

Practice since (Date) _____ Total years of Practice _____

Attachment with other hospitals/organizations etc.

Sr. No.	Name of organization with address	Designation	Period		Timings	
			From	To	From	To
1.						
2.						
3.						

Details of familiarity with CGHS rules etc., if any.

Date:
Place:

Signature & Seal

Please attached separate sheet wherever necessary. Please also provide a complete list of doctors attached with the hospital along with their qualification and timings and also the details of facilities available.

APPLICATION FORM FOR EMPANELMENT WITH CPP-IPR

(For Super specialty Hospital)

1.	Name of the Hospital		
2.	Managed by (Name of the Trust etc. if any)		
3.	Year of establishment		
4.	Location address of the Hospital		
	Address for correspondence <i>(if different than location address)</i>		
5.	Telephone No. <i>(Landline if applicable)</i>	Helpline No. _____	
	Email ID <i>(of authorized/contact person)</i>		

Please give hereunder the details of registration with all statutory bodies etc.

1.	
2.	
3.	
4.	

We agree to abide the Schedule of Rates (SoR) and Rules & Regulations of IPR including extending credit facility to the beneficiaries.

Name & Signature (of authorized person) with date & Seal: